69th MEETING

OF THE

MARYLAND HEALTH CARE COMMISSION

Wednesday, February 16, 2005

Minutes

Chairman Salamon called the meeting to order at 1:10 p.m.

Commissioners present: Crofoot, Lucht, Moffit, Moore, Nicolay, Pollak, Risher, Row, Toulson, and Vice Chair Wilensky

Before the meeting was officially called to order, Chairman Salamon recognized Enrique Martinez-Vidal, Deputy Director for Performance and Benefits, who had accepted a position with Academy Health. On behalf of the Commission and the citizens of Maryland, the Chairman thanked Mr. Martinez-Vidal for all his hard work over the past six years, wished him well in his future endeavors, and presented him with a Governor's Citation.

ITEM 1.

Approval of the Minutes

Commissioner Robert Nicolay made a motion to approve the minutes of the January 27, 2005 meeting of the Commission, which was seconded by Commissioner Clifton Toulson, and unanimously approved.

ITEM 2.

Update on Commission Activities

- Data Systems and Analysis
- Health Resources
- Performance and Benefits

Chairman Salamon asked if the Deputy Directors had information to add to the written *Update.* Ben Steffen, Deputy Director, Data Systems and Analysis, added that the Commission's Institutional Review Board will meet to review an application, submitted by Johns Hopkins, for access to the physician component of the Medical Care Data Base and that, if approved, the request will be presented to the full Commission at the March public meeting.

ITEM 3.

CERTIFICATE OF NEED (CON)

- **Shady Grove Adventist Hospital – Expansion and Renovation Project,**

Docket No. 04-15-2138

The Chairman announced that Shady Grove Adventist Hospital applied for a CON for an expansion and renovation project and introduced Commissioner Moffit to present his recommended decision for Commission action.

Commissioner Moffit said that after analyzing the application from Shady Grove, conducting a site visit, and considering the comments of the two interested parties in this review (Holy Cross Hospital and CareFirst BlueCross BlueShield), he issued a recommended decision dated January 21, 2005. In the proposed decision, he recommended that the Commission issue an order that, upon Shady Grove's timely filing of certain documents that would make the project consistent with State Health Plan standards and other Commission regulations, a Certificate of Need be issued to Shady Grove for this project.

By letter dated February 1, 2005, Shady Grove Adventist Hospital provided the requested documents. Having reviewed the documents, Commissioner Moffit recommended that the Commission issue a Certificate of Need for this project as shown in the supplemental drawings and information provided by Shady Grove in its February 1, 2005 filing. In his view, these documents satisfy the concerns expressed in the recommended decision. The interested parties to this review did not file exceptions to the recommended decision.

Commissioner Moffit stated that, with these documents, this project is consistent with the State Health Plan, as well as Commission regulations, and made a motion that the Commission adopt his recommended decision, which was seconded by Vice Chair Wilensky, and unanimously approved.

ACTION: Shady Grove Hospital - Application for Certificate of Need for Expansion and Renovation Project, Docket No. 04-15-2138, is hereby APPROVED.

- **Johns Hopkins Hospital – Replacement Hospital Facilities, Docket No. 03-24-2128**

The Chairman said that this CON is an application submitted by Johns Hopkins Hospital (JHH), which proposed a major expansion and renovation of its existing campus would be presented by Paul Parker, Health Policy Analyst.

Mr. Parker stated that JHH has 959 licensed beds, including 945 acute care beds and 14 comprehensive medical rehabilitation beds. JHH proposes a major expansion and renovation of its existing campus, demolishing nine existing buildings and a parking structure, constructing two new "clinical tower" buildings, and renovating vacated space in five buildings. Additionally, the project involves portions of the expenditure for a new "multi-use" building, housing a new energy plant for the hospital campus, a new loading dock, and kitchen facilities. The project will shift inpatient clinical activity to the southern end of the hospital campus and provide new facilities for a large proportion of the hospital's beds and operating rooms. Approximately half of the total beds projected for the hospital campus upon completion of the project and half of the planned 59 operating rooms will be housed in the two new clinical towers. The new construction will also house the hospital's expanded emergency department.

The total capital cost of the project is $569,774,237 and will be financed through $400 million in long-term debt supplemented by $102.9 million in cash and fund-raising, and a $50 million state

grant. As part of a full rate application request filed with the HSCRC earlier this year, JHH requested an adjustment in rates to provide additional revenue needed for this proposed capital project. HSCRC approved, contingent on final CON approval by MHCC, an increase in revenue of $26,623,265 per year effective July 1, 2008. There are no interested parties in this review.

Johns Hopkins Hospital has presented evidence that the proposed project, in its primary elements and direction, is needed and is in substantial compliance with the State Health Plan. Staff concluded that the project is a cost-effective approach to replacing hospital building(s) and building systems that are obsolete and to expanding facilities and services to meet future demand. JHH has demonstrated the availability of financial and non-financial resources, including community support, to implement the project and it is reasonable to anticipate that it will have resources in the future necessary to sustain the project.

Mr. Parker said that staff recommended approval of the project with the following conditions which must be met by Johns Hopkins Hospital:

> 1) The Johns Hopkins Hospital will provide the Maryland Health Care Commission with schematic design drawings for the new building and renovated space in accordance with the following schedule:
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> New building (the Clinical Towers) by March 1, 2006;
> Nelson/Harvey Patient Unit Renovations by September 30, 2008;
> Meyer Patient Unit Renovations by February 28, 2009; and
> Marburg Patient Unit Renovations by January 31, 2011.
>
> 2) Johns Hopkins Hospital shall adopt a policy of notifying, annually, the hospital's patient population in the Baltimore region of its charity care policies, through notices broadcast on radio, television, or through notices published in an area newspaper of general circulation. Johns Hopkins Hospital will submit documentation of this policy no later than April 1, 2005. Johns Hopkins Hospital will submit evidence of the annual notification of its patient population regarding the hospital's financial assistance policy to the Commission annually with its quarterly reports on the progress of this project's implementation.

Following discussion, Commissioner Crofoot made a motion that the Commission accept the staff recommendation, which was seconded by Commissioner Row, and unanimously approved.

ACTION: Johns Hopkins Hospital – Replacement Hospital Facilities, Docket No. 03-24-2128, is hereby APPROVED.

- **Potomac Ridge Behavioral Health – Request for Modification, Docket No. 03-15-2113**

Chairman Salamon said that the Potomac Ridge Behavioral Health is requesting a modification to its Certificate of Need project, which was approved by the Commission in November 2003. Deborah Rajca, Health Policy Analyst, presented the Staff recommendation for the Commission's approval.

Ms. Rajca said that the Commission granted a Certificate of Need on November 20, 2003 to Potomac Ridge Behavioral Health for a $918,064 capital project to establish a 12-bed child inpatient psychiatric unit dedicated to providing psychiatric treatment for children ages 6 through 11. When the Commission approved the CON, Potomac Ridge anticipated that it would complete its renovations by approximately October 20, 2004. In a letter dated October 7, 2004, Potomac Ridge requested, and the Commission subsequently granted, a six-month extension to the third performance requirement because of unanticipated delays in zoning.

In December 2004, the Commission received from Potomac Ridge a request for approval of a project change under COMAR 10.24.01.17B, including an increase in the cost of the project and a design change. These changes included the pouring of extensive footings and a new air handling system that Potomac Ridge's architect did not anticipate when initial construction estimates were prepared, and sidewalk and landscaping design changes recommended by the Maryland National Capital Park and Planning Commission. These changes and other related costs, resulted in a $469,719 increase in capital costs (from $724,900 to $1,194,619).

Based on Staff analysis, Ms. Rajca asked the Commission to approve the requested modification to the Certificate of Need for the Potomac Ridge Behavioral Health project. After a brief discussion, Commissioner Toulson made a motion to approve the staff recommendation, which was seconded by Commissioner Row, and unanimously approved.

ACTION: Potomac Ridge Behavioral Health – Request for Modification, Docket No. 03-15-2113, is hereby APPROVED.

- **Lutherville Surgicenter – Increase Operating Room Capacity, Docket No. 04-15-2150**

Chairman Salamon asked Christine Parent, Health Policy Analyst, to present Lutherville Surgicenter's request for a Certificate of Need to construct an additional operating room and related support space. Ms. Parent said that the Lutherville SurgiCenter (LSC) is a licensed ambulatory surgery center with one operating room located at 1400 Front Avenue, Lutherville, Baltimore County. The SurgiCenter seeks to increase operating room capacity by relocating existing clinical and administrative space to newly acquired adjacent space and constructing a class "C" operating room adjacent to the existing operating room. The establishment of two operating rooms in a physician's office meets the statutory definition of a health care facility; therefore LSC, must receive CON approval to establish the second operating room.

The existing one operating room has reached and surpassed its surgical capacity. The center is currently operating approximately 11 hours per day to accommodate the physicians and their surgery cases. The eight physicians of the LSC have privileges and perform surgeries at Union Memorial Hospital which has requested these surgeons to reduce their current hospital outpatient surgeries to free up hospital surgical capacity. Total proposed capital costs are $601,690. The source of funds for the project is $86,690 in cash, $323,940 in bank debt and $191,060 in landlord improvement allowance.

Ms. Parent asked the Commission to approve this project with the understanding that LSC submit a copy of the published notice regarding the availability of charity care, the date of publication, and the name of the newspaper in which it was published in its first quarterly report. Commissioner Crofoot made a motion to accept the staff recommendation, which was seconded by Commissioner Pollak, and unanimously approved, with Commissioner Row asking to be recused.

ACTION: Lutherville Surgicenter – Increase Operating Room Capacity, Docket No. 04-15-2150, is hereby APPROVED.

ITEM 4.

PRESENTATION: *Trends in Diabetes Prevalence and Care Among Medicare Beneficiaries in Maryland - 2002*

Chairman Salamon said that the Commission, in collaboration with the Department of Health and Mental Hygiene, commissioned a study to determine rates of diabetes prevalence, use of selected preventive services, and adverse outcomes associated with diabetes among the state's Medicare beneficiaries in 2002. He asked Linda Bartnyska, Chief of Cost and Quality Analysis, and Dr. Timothy Lake, of Mathematica Policy Research, the contractor for this effort, to present the findings of this report. Dr. Lake stated that the goals of this study were to: 1) assess prevalence of diabetes, diabetes complications, and delivery of preventive services; 2) examine the socioeconomic, demographic, and geographic differences; 3) establish benchmarks for ongoing monitoring; and 4) target areas for future improvement. This study was designed to analyze Medicare fee-for-service claims data for beneficiaries living in Maryland and compare them with previous Maryland and national benchmarks. Dr. Lake noted that diabetes is a growing problem for Medicare beneficiaries in Maryland. Although beneficiaries' use of preventive services is on an upward trend, those in certain groups such as African Americans and individuals dually enrolled in Medicare and Medicaid have higher rates of disease, experience more adverse outcomes, and receive fewer preventive services. Ben Steffen noted that this report will be used by providers to establish benchmarks and promote screening to lower prevalence of adverse outcomes. Commissioner Row suggested that the County Health Departments be sent this report. Linda Bartnyska responded that Dr. Lake presented these results to all County Health Officers during the previous week. Earl Schurman of the Department of Health and Mental Hygiene's Diabetes Program, who chairs a large work group consisting of representatives from the provider community and various interest groups, will be using this data as part of a collaborative effort. After discussion, Chairman Salamon thanked Mr. Lake and Ms. Bartnyska for such a thorough report.

ITEM 5.

PRESENTATION: *Final Report of the Advisory Committee on Outcome Assessment in Cardiovascular Care: Quality Measurement and Data Reporting* and *Long Term Issues*

Pam Barclay, Interim Executive Director, briefed the Commission on two final reports of subcommittees that staff has been working with as part of the Advisory Committee on Outcome Assessment in Cardiovascular Care. The Long Term Issues Subcommittee consisted of 17 members, Chaired by Dr. Eugene Passamani, Senior Vice President of Medical Affairs and Director of Cardiology of Suburban Hospital. Ms. Barclay said the subcommittee recommended that the Commission establish a target goal for Maryland to improve our ranking among states with respect to cardiovascular disease. The subcommittee suggested the target goal be to rank 24th or lower among states arrayed from the lowest to highest in terms of age-adjusted death rate by 2015. Ms. Barclay said that based on the American Heart Association data, Maryland ranks 32nd in total cardiovascular mortality, and 30th in terms of coronary artery disease mortality when compared to other states. The subcommittee recommends that the Commission develop a statewide education program designed to increase awareness of the importance of preventing and controlling hypertension; develop a strategy to increase the number of Maryland residents with

access to automated external defibrillation at pre-identified high-risk public locations through utilization of existing and on-going statewide cardiac arrest data; and support a collaborative research project to study approaches to improving the management of congestive heart failure.

The Quality Measurement and Data Reporting Subcommittee consists of 17 members and was Chaired by Dr. Luis Mispireta who, at that time, was Chief of Cardiac Surgery at Union Memorial Hospital in Baltimore. Ms. Barclay said that the charge of the subcommittee was to establish a continuous quality improvement effort. To accomplish this charge, the subcommittee reviewed states that implemented a peer review process to further quality improvement and states that use public reporting of outcomes data. The subcommittee addressed with six principle issues: 1) Data Base; 2) Data Elements; 3) Data Management; 4) Organizational Structure; 5) Submission of Data; and 6) Access to Data. In relation to the data base, the group felt that the initial focus should be on cardiac surgery, including coronary artery bypass graft and valve procedures. This effort should complement the on-going work at the Commission involving the JCAHO core measures for AMI and congestive heart failure. Ms. Barclay said the group recommends adopting the Society of Thoracic Surgeons Adult Cardiac Surgery database because of the advantages in being able to benchmark Maryland to other states. She also said the group recommends developing a data management agreement with an agency with background and experience in processing and analyzing cardiac surgery data. In regard to the organizational structure, the subcommittee recommends having an independent consortium that would function with participating hospitals to perform the medical review committee function under existing state law. It is recommended that the submission of data begin with voluntary reporting and assess compliance. Ms. Barclay noted that the subcommittee acknowledged that if they could not get full participation on a voluntary basis, they would support having mandatory reporting. She said that access to data should be governed by the medical review statute requirements where proceedings, records, and files are confidential and not discoverable or admissible in evidence. Ms. Barclay also said that the subcommittee further recommends that an aggregate annual report be provided to the Commission.

Ms. Barclay updated the Commission on the status of a proposal, which was formally submitted to the Commission in late January, to study elective PCI at hospitals without on-site cardiac surgery.

ITEM 6.

LEGISLATIVE UPDATE

Chairman Salamon asked Kristin Helfer-Koester, Chief, Legislative and Special Projects to provide a summary and update of any relevant bills introduced by the legislature to date. Ms. Helfer-Koester said that HB 157 “Medical Professional Liability Insurance – Reporting Requirements” is a bill that requires insurers that provide professional liability insurance to health care professionals and hospitals to submit additional information on claims or actions for damages for personal injury. Staff recommended submitting a letter of information explaining that language in the bill referring to the Maryland Health Care Commission is outdated and should be amended out. Commissioner Row made a motion to accept the staff recommendation, which was seconded by Commissioner Pollak, and unanimously approved.

HB 630 “Baltimore County – Speed Monitoring Systems”, would require Baltimore County to place speed monitoring systems on Liberty Road and allocates revenue generated from the enforcement of speed limit laws to the Trauma Fund. Staff recommended submitting a letter of

information explaining the Trauma Fund. Commissioner Crofoot made a motion to accept the staff recommendation, which was seconded by Commission Toulson, and unanimously approved.

HB 1227 "Income Tax - Subtraction Modification for Uncompensated Care" allows a subtraction modification for uncompensated care provided by specified physicians to emergency or trauma patients under specified circumstances. Staff recommended submitting a letter of information describing the Trauma Fund. Commission Crofoot made a motion to accept the staff recommendation, which was seconded by Commissioner Nicolay, and unanimously approved.

SB 355 "Hospital Infection Disclosure Act" would require hospitals to collect data on hospital-acquired infections and submit the data to the Department of Health and Mental Hygiene. Ms. Helfer-Koester said that staff recommended supporting this bill with an amendment that the Commission include infection prevention measures and infection rates in the Hospital Guide. Commissioner Crofoot made a motion to accept the staff recommendation, which was seconded by Commissioner Risher, and unanimously approved.

Ms. Helfer-Koester said that seven bills were related to mandated health benefits and have not yet been studied under Insurance Article 15-1501. HB 458 "Coverage for Psychological and Neuropsychological Testing"; HB 1058 "Pharmacy Benefits Managers Regulation Act of 2005"; HB 1062 "Prescription Drug Coverage – Alternative Drugs"; SB 596 "Treatment of Lyme Disease – Discipline"; SB 713 "Coverage of Outpatient Treatment for Behavioral Disorders"; SB 772 "Substance Abuse Treatment – Copayments"; and SB 779 "Annual Human Papilloma virus – Screening Test–Coverage". After discussion, Dr. Moffit made a motion to add specific language to the recommended letters of information concerning mandated benefits. He noted that while the specific mandate may have an immediate and a long term benefit for individuals and families who are benefiting from the mandated benefit, the Commission, nonetheless, expresses an ongoing concern over the cumulative costs of mandates on the affordability of health insurance for individuals and families in the State of Maryland. Commissioner Nicolay seconded the motion, and the motion was unanimously approved.

HB 813 "Income Tax- Surcharge for Lack of Health Care Coverage" would require a 1% surcharge on the Maryland taxable income of specified individuals with income above a specified level with certain exceptions and exclusions. Ms. Helfer-Koester said that staff recommended sending a letter of information including information on the number of uninsured that this bill would affect. After discussion, Enrique Martinez-Vidal suggested adding the following to our letter of information: "The legislature should be aware that individuals purchasing insurance in the individual market do not have access to the tax benefits that are available to those purchasing employer-sponsored insurance." Commissioner Moffit made a motion to approve the staff recommendation, which was seconded by Vice Chair Wilensky, and unanimously approved.

HB 427 "Maryland Commission on Specialty Health Group Rates and Terms" would establish a Maryland Commission on Specialty Health Group Rates and Terms within the Department of Health and Mental Hygiene and specifies including one representative from the MHCC. Ms. Helfer-Koester said that staff recommended submitting a letter of concern indicating that the bill does not address standards and/or a methodology to use in reviewing the proposed rates. Commissioner Nicolay made a motion to accept the staff recommendation, which was seconded by Commissioner Moffit, and unanimously approved.

HB 452 "Reimbursement to Health Care Practitioners" would require the Commission to study the impact of the reimbursement requirements on access to health care, health care costs, and the health insurance market and report the findings to the General Assembly on or before January 1,

2006. Ms. Helfer-Koester said that because the Commission will need additional time to collect data to have a meaningful report, staff recommended submitting a letter of concern. Commissioner Nicolay made a motion to accept the staff recommendation, which was seconded by Commissioner Row, and unanimously approved.

HB 462 "Health Insurance – Treatment of Morbid Obesity" would alter the duties of the Task Force to include literature on the surgical treatment of morbid obesity and issue a report to the General Assembly on or before December 1, 2007. This bill requires the MHCC and the MIA to staff the task force. Staff recommended submitting a letter of concern suggesting that the MHCC not staff the task force, but MHCC participate as a member of the Task Force. Commissioner Crofoot made a motion to accept the staff recommendation, which was seconded by Commissioner Risher, and unanimously approved.

HB 1047 "Nursing Facility Conversion Grant Program" would authorize the Board of Public Works, on the recommendation of the Secretary of the Department of Health and Mental Hygiene, to provide grants under the Program to counties, municipal corporations, and nonprofit organizations for the conversion of nursing facility beds to other health care services and requires the Department of Health and Mental Hygiene to make specified recommendations. This bill requires the MHCC to retain the bed capacity of a facility on its inventory for up to 3 years. Staff recommended submitting a letter of concern which would address the requirement for the Commission to retain a facility's bed capacity for up to 3 years, as it is currently one year. The letter should also note that a CON is currently not required for the temporary delicensure of beds. Commissioner Nicolay made a motion to accept the staff recommendation, which was seconded by Commissioner Risher, and unanimously approved.

HB 509 "Health Insurance – Small Group Market – Open Enrollment Period for Self-Insured Individuals" would alter the annual enrollment period in the small group market for the self-employed from 30 to 60 days in a 12-month period. Ms. Helfer-Koester said that staff recommended that the Commission oppose HB 509. After discussion, Commissioner Nicolay made a motion to approve the staff recommendation, which was seconded by Commissioner Risher. The motion was approved, with Commissioners Crofoot, Lucht, Moore, Nicolay, Pollak, Risher, Row, Toulson, Vice Chair Wilensky, and the Chairman voting in favor of staff recommendation, and Commissioner Moffit voting against the staff recommendation.

HB 1144 "Public-Private Partnership for Health Care Coverage for all Marylanders" would expand the CSHBP to include individuals under an individual policy and individuals with family incomes above 350% FPL who do not accept employer-sponsored insurance. Ms. Helfer-Koester stated that staff recommended submitting a letter of support for the concept of expanding coverage. She noted that the letter should include concerns about certain provisions related to the small group market contained in this bill. Commissioner Crofoot made a motion to accept the staff recommendation, which was seconded by Commissioner Row. The staff recommendation was approved, with Commissioner Crofoot, Lucht, Moore, Nicolay, Risher, Row, Toulson, and the Chairman in favor of the staff recommendation to submit a letter of support, in concept, and Commissioners Moffit, Pollak, and Vice Chair Wilensky voting against the staff recommendation.

SB 716 "Community Health Care Access and Safety Net Act of 2005" would create the Maryland Community Health Resources Commission. Ms. Helfer-Koester said that the bill specifies duties of the Community Health Resources Commission including developing and implementing an outreach program, in consultation with the MHCC and others. Staff recommended submitting a letter of support in concept. Commissioner Row made a motion to accept the staff

recommendation, which was seconded by Commissioner Nicolay. Commissioners Crofoot, Lucht, Moore, Nicolay, Pollak, Risher, Row, Toulson, Vice Chair Wilensky, and the Chairman voting in favor of the staff recommendation. Commissioner Moffit voted against the staff recommendation.

SB 727 "Maryland Universal Health Care Plan" would establish the Maryland Universal Health Care Plan to provide universal health care coverage for all state residents. Chairman Salamon said the Commission supports the idea of additional coverage through citizens' enrollment in existing public programs for those who qualify, as well as reviewing alternatives in improving access to both the individual market and private parties. Commissioner Crofoot made a motion to accept the staff recommendation to support this bill in concept, which was seconded by Commissioner Toulson, and unanimously approved.

HB 738 "Health Care Facilities – CON – Obstetric Medical Services" would remove obstetrics services as a category of medical services from the health planning statute, which would allow a hospital to add or eliminate the service without any review by the Maryland Health Care Commission. Pam Barclay said that staff recommends opposing HB 738. She stated that this bill, like the satellite emergency department bill, circumvents the role of the Commission. She also said that the State Health Plan does not preclude the establishment of an obstetrics unit. There is no urgency to change the law. After discussion, Commissioner Row made a motion to accept the staff recommendation, which was seconded by Commissioner Risher. Commissioners Crofoot, Lucht, Moore, Nicolay, Pollak, Risher, Row, Toulson, Vice Chair Wilensky, and the Chairman voted in favor of staff recommendation to oppose HB 738. Commissioner Moffit voted against the staff recommendation.

HB 1017 "Health Insurance-Small Group Market-Premium Rates" would allow carriers to adjust community rates in the small employer market based on health status and recommended that the Commission oppose HB 1017. After a lengthy discussion, Commissioner Crofoot made a motion to accept the staff recommendation opposing HB 1017, which was seconded by Commissioner Row. Commissioners Crofoot, Pollak, and Row voted in favor of the staff recommendation to oppose HB 1017, and Commissioners Lucht, Moffit, Moore, Nicolay, Risher, Toulson, and Chairman Salamon voted against the motion. Therefore, the staff recommendation to oppose HB 1017 failed. Chairman Salamon made a motion to support HB 1017 with an amendment suggesting that the rating bands described in the bill be amended to maintain the bands currently in place in the small group market allowing a carrier to charge a rate that is 40% above or below the community rate. He clarified that this 40% variation would be inclusive of age, geography, and health status. Commissioner Nicolay seconded the motion, with Commissioners Lucht, Moffit, Moore, Nicolay, Pollak, Risher, Toulson, and the Chairman voting in favor of this motion, and Commissioners Crofoot and Row voting against. The motion to support HB 1017 with the amendment mentioned above was approved. Dr. Pollak made a motion to add an additional amendment to HB 1017 stating that the terms of this bill only apply to insurers that currently have no or low market share. This amendment was seconded by Commissioner Crofoot. The amendment failed, with Commissioners Crofoot, Pollak, and Row voting for the amendment, and Commissioners Moffit, Moore, Nicolay, Risher, Toulson, and the Chairman voting against the amendment. Commissioner Lucht recused himself from this vote. Commissioner Row made a motion to add an additional amendment to this bill to require that a study be conducted by the Commission to explore alternative mechanisms for health insurance and their costs for persons who may be displaced as a result of health status rating in the small group market. Commissioner Moffit seconded the motion, and the motion was unanimously approved. Mr. Martinez-Vidal asked the Commission to approve one final amendment to HB 1017 to change the effective date of the bill from October 1, 2005 to July 1, 2005 to be consistent

with the Comprehensive Standard Health Benefit Plan. Commissioner Pollack made a motion to approve the staff recommendation, which was seconded by Commissioner Row, and unanimously approved.

ITEM 7.

Commissioner Pollak moved to go into closed session to discuss personnel matters. Commissioner Nicolay seconded the motion, which carried unanimously. The meeting was closed to the public at 5:25 p.m.

In the closed session, a motion was made and seconded to appoint an interim deputy director. The motion carried, and the closed session ended at 5:28 p.m.

ITEM 8.

Hearing and Meeting Schedule

The public session resumed at 5:28. Chairman Salamon announced that the next meeting of the Commission would be on Tuesday, March 22, 2005 at 4160 Patterson Avenue, Room 100, in Baltimore, Maryland at 1:00 p.m.

ITEM 9.

Adjournment

There being no further business, the meeting was adjourned at 5:30 p.m. upon motion of Commissioner Nicolay, which was seconded by Commissioner Risher, and unanimously approved by the Commissioners.